

COMSEC
MATERIAL

This form is FOR OFFICIAL USE ONLY unless otherwise

1. (X one) <input type="checkbox"/> TRANSFER <input type="checkbox"/> INVENTORY <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> HAND RECEIPT <input type="checkbox"/> OTHER (Specify)						
2. F R O M	ACCT. NO.		3. DATE OF REPORT (Year, Month, Day)		4. OUTGOING NUMBER	
			5. DATE OF TRANSACTION (Year, Month, Day)		6. INCOMING NUMBER	
7. T O	ACCT. NO.		8. ACCOUNTING LEGEND CODES*			
			1 - Accountable by serial number. 2 - Accountable by quantity. 3 - Initial receipt required, locally accountable by serial number thereafter, local accounting records must be maintained for a minimum of 90 days after supersession. 4 - Initial receipt required, may be controlled in accordance with Service/ Agency directives.			
9. SHORT TITLE/DESIGNATOR - EDITION		10. QUANTITY	11. ACCOUNTING NUMBERS		12.* ALC	13. REMARKS
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14. THE MATERIAL HEREON HAS BEEN (X one) →		RECEIVED	INVENTORIED	DESTROYED		
15. AUTHORIZED RECIPIENT		16. (X one) →		WITNESS	OTHER (Specify)	
a. Signature		b. Grade	a. Signature		b. Grade	
c. Typed or Stamped Name		d. Service	c. Typed or Stamped Name		d. Service	
17. FOR DEPARTMENT OR AGENCY						